

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1146
STATE FILE NUMBER

96

Registration District No. 149

Primary Registration District No. 1002

Registration

300

-57

D

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. R. Peterson
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		d. STREET ADDRESS 2905 Forest	
3. NAME OF DECEASED (Type or print) First Middle Last Nelson Banks		4. DATE OF DEATH Month Day Year Jan. 6, 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) Woodlawn, Texas	
13a. FATHER'S NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) YES (Unknown) W. W. #1		17. INFORMANT Address Mrs. Pammie L. Wyne-2905 Forest	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Squamous cell carcinoma of tongue. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 1419	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 11-9-57 to 1-6-58 and last saw her alive on 1-6-58 Death occurred at 4:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS 600 East 22nd Street	
22a. SIGNATURE (Degree or title) W. R. Peterson M.D.		22c. DATE SIGNED 1-8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-13-1958	
23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kas.	
24. FUNERAL DIRECTOR Brigham & Jones 18th Park		25. DATE RECD. BY LOCAL REG. 1-8-58	
26. REGISTRAR'S SIGNATURE Nevada Minshall			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licenses Embalmer No. 4829
P. O. Address 2300 E. 18th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.